#### I. ACTIVITIES AND MEDI-CAL PERCENTAGES WORKSHEET

	INVOIC	E INFORMATION
1	Claiming Unit Name	Training Unified School District
2	DHS Contractor (Region)	LEC Region 3
3	Contract #	03-9999
4	Prepared by	Mary Ann Anderson
5	Title	MAA Coordinator
6	Phone #	999-999-9999
7	Date	1/22/04
8	Contract year/quarter	03/04-1
9	Period of Service	July - Sept

No	Type of Activity	Code	Medi-Cal		MA	A TIME SURVEY S	STAFF						
No		Code	Medi-Cal		MAA TIME SURVEY STAFF								
No			Discount %	Survey Results Percentages (a)	Fourth Quarter Average Percentages (a)	Total Weighted- Average Survery Results	Allocate Gen. Admin./Paid Time Off (Code 16)	Apply Medi-Cal Discount % (Col. B X Col. G)					
	ot Discounted:												
10 Me	edi-Cal Outreach	4	100.00%	1.01%	2.43%	2.15%	2.43%	2.43%					
	cilitating Medi-Cal Application	6	100.00%	0.02%	1.12%	0.90%	1.02%	1.02%					
12 Tra	edi-Cal Admin., Coord., Claims Admin. And aining	15	100.00%	5.42%	2.00%	2.68%	3.04%	3.04%					
	scounted:												
13 <mark>S</mark> v		8	17.50%	2.12%	1.30%	1.46%	1.66%	0.29%					
	ansportation-related activities Support of Medial Services	10	17.50%	0.15%	0.53%	0.45%	0.51%	0.09%					
	anslation	12	17.50%	0.07%	0.23%	0.20%	0.22%	0.04%					
	C Program Planning, Policy Dev. And teragency Coord	14	17.50%	1.12%	0.79%	0.86%	0.97%	0.17%					
No	on-claimable:												
17 <mark>Sc</mark>	shool-related, Education, and Other Activities	1		61.32%	72.01%	69.87%	79.11%						
18 Dir	rect Medical Services	2		12.42%	2.09%	4.16%	4.71%						
19 No	on Medi-Cal Outreach	3		0.77%	3.67%	3.09%	3.50%						
	cilitating Application for non-Medi-Cal Programs	5		0.46%	0.81%	0.74%	0.84%						
	eferral, Coordination and Monitoring non-M/C ervices	7		0.11%	0.09%	0.09%	0.11%						
22 Tra	ansportation for non-Medi-Cal Programs	9		0.07%	0.11%	0.10%	0.12%						
	on Medi-Cal Translation	11		0.41%	0.93%	0.83%	0.94%						
	on M/C Prog. Planning, Policy Dev. And teragency Coord	13		0.15%	0.89%	0.74%	0.84%						
All	located:												
25 Ge	eneral Admin./Paid Time Off	16		14.38%	11.00%	11.68%	Allocated						
26 TC	OTAL TIME			100.00%	100.00%	100.00%	100.00%	7.08%					
	umber of Claiming Unit Staff Included in Each urvey (For Fourth Quarter Averaging Only)			3	12								

28 State Approved Indirect Cost Rate for the Current Billing Period 9.49%

Appendix B.xlsSurvey-Medi-Cal %

<sup>(</sup>a) A summary report supporting amounts entered in these columns are required to be submitted with the invoice. Invoices will not be processed or paid by DHS without this supporting documentation.

## LEA MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA) DETAIL INVOICE II. DIRECT CHARGES WORKSHEET

III DIILEGI GII	AROLO WORKONELI		
Claiming Unit Name	Training Unified School District	Date	1/22/2004
DHS Contractor (Region)	LEC Region 3	Contract Year/Qtr.	03/04-1
Contract #	03-9999	Period of Service	July - Sept

A		В	С	D	E	F	G	Н	- 1	J	K	L	М	N	0	P	Q	R	s
					t 1000-2999)		BENEFITS (Object 3000-3999)			PERSONAL		CONTRACTS (C	Object 5800)	OTHER COSTS (O		(Object 4000	-6999)		
COST CATEGORY	MAA ACTIVITY CODE	GROSS STAFF SALARIES	Medi-Cal Certified Time Factor	Medi-Cal Discount Percentage	CLAIMABLE	NON- CLAIMABLE	GROSS STAFF BENEFITS	Medi-Cal Certified Time Factor	Medi-Cal Discount Percentage	CLAIMABLE	NON- CLAIMABLE	Contract Costs	Medi-Cal Discount Percentage	CLAIMABLE	NON- CLAIMABLE	Total Other Costs	Medi-Cal Discount Percentage	CLAIMABLE	NON- CLAIMABLE
29 Medi-Cal Outreach	4																		
а		0			0	0		10.00%		0	0	0	1	0		0		0	4
b		0	5.00%		0	0	0			0	0	C		0		0		0	
С		0	0.00%		0	0	0			0	0	C		0		0		0	
TOTAL		0	0.00%		0	0	0	0.00%		0	0	0		0		0		0	
	6	U	0.00%		U	U	U	0.00%		U	U			U		U		Ü	
30 Facilitating Medi-Cal Application	U	0	0.00%		0	0	0	0.00%		0	0		1	0		0		0	
b			0.00%		0	0	0			0	0			0		0		0	4
c		0			0	0	0			0	0	ď		0		0		0	4
d		0	0.00%		0	0	0	0.00%		0	0	C		0		0		0	
TOTAL		0	0.00%		0	0	0	0.00%		0	0	C		0		0		0	
Medi-Cal Admin., Coord., Claims  31 Admin. And Training	15																		
31 Admin. And Training a Account Clerk	10	9,390	10.00%		939	8,451	4 870	10.00%		488	4,391			0		0		0	
b Travel Costs to attend training		0,000	0.00%		0	0,401	7,075			0	7,001	Č		0		500		500	
c Training Materials		0	0.00%		0	0	Ö			0	0	ď		0		1,000		1,000	
d		0	0.00%		0	0	0	0.00%		0	0	C	)	0		0		0	,
TOTAL		9,390	10.00%		939	8,451	4,879	10.00%		488	4,391	C		0		1,500		1,500	
NON-DISCOUNTED SUB-TOTA	<b>AL</b>	9,390			939	8,451	4,879			488	4,391	C		0		1,500		1,500	
Referral, Coordination and	8																		
32 Monitoring.Medi-Cal Svcs	0	0	0.00%	17.50%	0	0	0	0.00%	17.50%	0	0		17.50%	0	0	0	17.50%	0	0
h		0		17.50%	0	0	0		17.50%	0	0		17.50%	0	0		17.50%	0	
c		0		17.50%	0	0	Ö		17.50%	0	0		17.50%	0	0		17.50%	0	
d		0	0.00%	17.50%	0	0	0	0.00%	17.50%	0	0	C	17.50%	0	0	0	17.50%	0	0
TOTAL		0	0.00%	17.50%	0	0	0	0.00%	17.50%	0	0	C	17.50%	0	0	0	17.50%	0	0
Transportation-related activities 33 Support of Medi-Cal Services	10																		
33 Support of Medi-Cal Services	10	0	0.00%	17.50%	0	0	0	0.00%	17.50%	0	0		17.50%	0	0	0	17.50%	0	0
b			0.00%	17.50%	0	0	0		17.50%	0	0		17.50%	0	0		17.50%	0	
с		0		17.50%	0	0	0		17.50%	0	0		17.50%	0	0		17.50%	0	
d		0		17.50%	0	0	0	0.00%	17.50%	0	0	C	17.50%	0	0	0	17.50%	0	0
TOTAL		0	0.00%	17.50%	0	0	0	0.00%	17.50%	0	0	C	17.50%	0	0	0	17.50%	0	. 0
34 Medi-Cal Translation	12																		
a Independent Contractor			0.00%	17.50%	0	0	0		17.50%	0	0		17.50%	1,750	8,250		17.50%	0	
b			0.00%	17.50%	0	0	0		17.50%	0	0		17.50%	0	0		17.50%	0	
۵		0		17.50% 17.50%	0	0	0		17.50% 17.50%	0	0		17.50%	0	0		17.50% 17.50%	0	
TOTAL			0.00%	17.50%	0	0		0.00%	17.50%	0	0		17.50%	1.750	8.250		17.50%	0	
M/C Program Planning, Policy Dev	٧.	Ü	3.0070	.7.0070	U	- U		3.0070	.7.0070	0	- U	10,000	17.0070	1,730	0,200	· ·	.7.0070	0	0
35 And Interagency Coord	14																		
a		0		17.50%	0	0	0		17.50%	0	0		17.50%	0	0		17.50%	0	
b		0		17.50%	0	0	0		17.50%	0	0		17.50%	0	0		17.50%	0	
c		0		17.50%	0	0	0		17.50%	0	0		17.50%	0	0		17.50%	0	
TOTAL		0		17.50% 17.50%	0	0	0	0.0070	17.50% 17.50%	0	0		17.50%	0	0		17.50% 17.50%	0	
DISCOUNTED SUB-TOTAL	N.I	0	0.0076	17.50%	0	0		0.0076	17.50/6	0	0	10,000		1.750	8,250	0	17.50%	0	
TOTAL SALARY COST		9,390			939	8,451	4,879			488	4,391	10,000		1,750	8,250	1,500		1,500	-
TOTAL SALART COS		9,390			939	0,451	4,679			468	4,391	10,000		1,750	0,∠50	1,500		1,500	U

Appendix B.xls Direct Charge 8/19/2004

### LEA MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA) DETAIL INVOICE

#### **III. PAYROLL DATA COLLECTION WORKSHEET**

Page 3

Claiming Unit Name DHS Contractor (Region) Contract #

Training Unified School District
LEC Region 3
03-9999

Date
Contract year/quarter
Period of Service

1/22/2004 03/04-1 July - Sept

		Α			В	_
		Functions			Functions	
	SALARIES (Objects 1000-2999):	1000-9999, excluding 2700 & 7000-7199		BENEFITS (Objects 3000-3999):	1000-9999, excluding 2700 & 7000-7199	Total Claiming Unit Salaries & Benefits
36	Total Claiming Unit Salaries (b)	1,378,984		Total Claiming Unit Benefits (b)	454,083	1,833,067
37	Less: Time Survey Participant (Employee) Salary Costs	181,826		Less: Time Survey Participant (Employee) Benefit Costs	49,988	
38	Less: Direct Charge Salary Costs	9,390		Less: Direct Charge Benefit Costs	4,879	
39	TO NON-MAA COST POOL (P.4, Line 46, Col. I)	1,187,768		TO NON-MAA COST POOL (P. 4, Line 47, Col. I)	399,216	
		Functions			Functions	
	School Administration and General Administration	2700 & 7000-7199		School Administration and General Administration	2700 & 7000-7199	
40	Total Claiming Unit Salaries (b)	160,759		Total Claiming Unit Benefits (b)	66,122	226,881
41	Less: Time Survey Participant (Employee) Salary Costs	138,582		Less: Time Survey Participant (Employee) Benefit Costs	45,121	
42	Less: Direct Charge Salary Costs	0		Less: Direct Charge Benefit Costs	0	
43	TO ALLOCATED COST POOL (P. 4, Line 46, Col. J)	22,177		TO ALLOCATED COST POOL (P. 4, Line 47, Col. J)	21,001	2,059,948

<sup>(</sup>b) A summary general ledger report supporting amounts entered in these cells (Row 36, Column A & B and Row 40, Column A & B) are required to be submitted with the invoice. Invoices submitted without this documentation will not be processed or paid by DHS.

#### LEA MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA) DETAIL INVOICE

#### IV. COSTS AND REVENUES WORKSHEET

	Claiming Unit Name DHS Contractor (Region) Contract #				Traii	ning Unified School D LEC Region 3	istrict			Contract year/quarte Period of Service		
	Sontract #					03-99999			J	Period of Service	July - Sept	
		Α	В	С	D	Е	F	G	н	ı	•	
۱			TIME S	URVEY		DIRECT	CHARGE	NON-MAA	ALLOCATED			
	CATEGORY (SACS Object)	Participant	MAA Time Survey Percentage	Equals MAA Funded Costs (C x D)	Non-Claimable Time Survey Costs (C - E)	Claimable	NON-CLAIMABLE	NON CLAIMABLE (Funct. 1000-9999 excluding 2700 and 7000-7199)	GENERAL & ADMIN. (Funct. 2700 & 7000- 7199)	CONTROL TOTAL		
	PERSONNEL COSTS	\$		\$		\$	\$	\$	\$	\$		
14	Salaries (1000-2999)	320,408	7.08%	22,673	297,735	939	8,451	1,187,768	22,177	1,539,743		
15	Benefits (3000-3999)	95,109	7.08%	6,730	88,378	488	4,391	399,216	21,001	520,205		
16	SUBTOTAL PERSONNEL	415,517	7.08%	29,403	386,114	1,427	12,842	1,586,984	43,178	2,059,948		
	REVENUE OFFSETS								Non-Offset			
	Federal Revenues 8100-8299)					0			58,305	58,305		
	State Revenue Limit Sources 8010-8099)								1,559,213	1,559,213		
	Other State Revenues 8300-8599)					0			77,251	77,251		
Ī	Other Local Revenues 8600-8799)								50,731	50,731		
Ī	Other Financing Sources 8910-8979)								0	0		
7	Contributions to Restricted Programs 8980-8999)								0	0		
ı	Fotal Revenues			0	0	0			1,745,500	1,745,500	J	
Ī	Personnel Costs less Revenue					<del>-</del>			1,745,500	1,745,500	J	1
54	Offsets			29,403	386,114	1,427	12,842	1,586,984			CLAIMING UNIT OTHER COSTS - NET OF FEDERALLY FUNDED	
55	Allocation Percentages			1.46%	19.15%	0.07%	0.64%	78.69%		100%	EXPENDITURES (b) (Objects 4000-5999, Functions 2700 &	
	OTHER COSTS AND ALLOCATIONS									Enter Amount of Other Costs from Columns C thru F inlcuded in Column J	7000-7199, and excluding Resources 3000 5999)	)
ı	Personal Service Contracts	12,000	7.08%	849	11,151	1,750	8,250			0	29,486	
57	Direct Charge Other Costs					1,500	-			0		Less Other Unallowable Costs
58	ALLOCATION OF OTHER COSTS:			430	5,645	21	188	23,202		29,486	29,486	
	ALLOCATION OF GENERAL & ADMIN.			630	8,266	31	275	33,977				-
60	sub total costs			31,312	411,176	4,728	21,555	1,644,163		2,112,934		
61	Indirect Rate Applied			2,972	39,021	449	2,046	156,031	(161,497)	39,021		
62	TOTAL COSTS			34,283	450,197	5,177	23,601	1,800,194	(161,497)	2,151,955		
	FP CALCULATIONS											
	MAA CLAIMABLE COSTS			34,283		5,177		I certify under penalty expenditures of the cla	of perjury that the inform	nation provided on this in	voice is true and correct, based on actual contributions have been expended as	
64	Apply FFP Percentage (50%)			17,142		2,589		necessary for federal r	natching funds pursuan	t to the requirements of 4	2 CFR 433.51 for allowable activities and sequently be, used for the federal match for	
65	OTAL FEDERAL SHARE			19,730			•	this or any other progra	am. Furthermore, I cert	ify that the revenue souc	es identified in this invoice represent the direct charges have been properly	
					· 			identified and allocated	d. I have notice that this	s information is to be use	d for filing of a claim with the Federal titutes a violation of the Federal False	
	Mary Ann Anderson			DHS Use Only				Claims Act.	•			
	yped Name of Preparer		Enter Prior Quarter's	Paimhursamant								
	AAA Coordinator		Enter Prior Quarter s	Rembursement			Typed Name of Author	rized I FA Signer	<u>-</u>	Authorized LEA Signatu	re	=
	MAA Coordinator Title		Equals Percent Char	nge from Prior			Typeu Name of Autho	MIZOG ELM SIGNEI		Authorized ELA Signatu		
	99-999-9999		Quarter		0.00%		Title		<u>-</u>	Date		
	[elephone #						11dC			Date		

(b) A summary general ledger report supporting amounts entered in this cell (Row 58, Column J) are required to be submitted with the invoice. Invoices submitted without this documentation will not be processed or paid by DHS.

# LEA MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA) SUMMARY INVOICE

Claiming Unit Name DHS Contractor (Region) Contract #	Training Unified School District LEC Region 3 03-99999		act year/quarter	1/22/2004 03/04-1 July - Sept
Type of Invoice (check one		1 6116	u 01 001 1100	outy Copt
Original Invoice				
Revised Invoice				
Corrected Invoice				
Line 3	TOTAL to be Reimbursed by Federal Government Rep Share (From Detail Page 4)	resenting 50%	\$ <u>19,730</u>	
	Enter the Total Amount Previously Reimbursed for the Service	Period of	\$0	_
	Amount Previously Over/(Under) Reimbursed for the P Service	eriod of	\$ 0	
42 CFR 433.51, allowable administrative for federal match in this or any other prog for Federal funds and that knowing misre	the funds/contributions expended, as necessary for federal matching activities and that these claimed expenditures have not previously be ram. I have notice that this information is to be used for filing of a clapresentation constitutes violation of the Federal False Claims Act.  The property of Signer	en nor shall not subsequen im with the Federal govern	atly be used	-
т	itle		Date	-
under Title XIX of the Social Sectifite XXI of the Act, and are allow and the state plan (including any commensurate with the claims af expenditure under Medicaid and/approved by the Secretary effective Section to process the attached conditions for such payment(s) at	knowledge and belief that the claims submitted and attaurity Act (the Act), and as applicable, under the State Chrable in accordance with applicable implementing federa approved waivers of the state plan) approved by the Septementioned and furthermore, I certify that federal mator SCHIP state plan amendment that was submitted after ve for the applicable quarter associated with the claims elaims for payment certifying to the best of my knowledgend the following accounting codes are appropriate for subset the original one presented for payment and has not presented for payment and presented for paymen	nildren's Health Insura II, state, and local stat cretary and in effect a ching funds are not be er January 2, 2001, ar aforementioned. Furt e and belief that the p ich payment(s). This i previously been paid.	nce Program (SCHIP) und utes, regulations, policies, it the corresponding time eing claimed for any ind that has not been ther, I direct the Accountin ayee has met the contract invoice has been checked	der , g tual
Signed	Title		Date	-
Analyst Initials	29-9912-702-42-60 LEC	Department of He Medi-Cal Benefits	ealth Services s Branch strative Activities nue, MS 4600	